· ·	Application or Docket Number							7
PATENT APPLICATION Effect	ON FEE DETERM tive October 1, 2		RD			1,3,	•	
CLAIMS AS FILED - PART I (Column 1) (Column 2)				ENTITY	08	OTHE	R THAN ENTITY	1
TOTAL CLAIMS			RATE	FEE	ר"ך	RATE		-}
FOR	NUMBER FILED	NUMBER EXTRA	BASIC F	EE 370.00	1,	BASIC FEE	740.00	-
TOTAL CHARGEABLE: CLAIMS	minus 20=		X\$ 9:	:	OR		740.00	1
INDEPENDENT CLAIMS	minus 3 =		X42=			X84::	 -	-{
MULTIPLE DEPENDENT CLAIM P	RESENT		+140=	1:	OR	+280=		1
• If the difference in column 1 is	less than zero, enter	"0" in column 2	TOTAL		4			4
(A, PE) CLAIMS AS A	MENDED - PAR	TH	יטיאו	· L	lou	TOTAL	<u> </u>	
(Column 1)	(Colum	nn 2) (Column 3)	SMAL	LENTITY	OR	OTHER SMALL	ENTITY	1
REMAINING AFTER AMENDMENT Total Independent Total Total Total Total Total Total Total Total Total	MIGH NUME PREVIO PAID I	BER PRESENT BUSLY EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
O Total · · · /7	Minsus - 3	0 -	X\$ 9=		OR	X\$18=	/	1
Independent . 3	Minus 3	CANA	X42=		OR	X84=	7	1
	·	COAM	+140=		OR	+280=	7	1
6-20-05			TOTAL ADDIT. FEE		OR .	TOTAL VODIT, PEE		1
(Column 1)		in 2) : (Column 3)			•			1
CLAIMS REMAINING AFTER AMENDMENT Total Independent	HIGHE NUMB PREVIOU PAID F	ER PRESENT USLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • / /	Minus ee g	0.0	X\$ 9=		OR	X\$18=	2	
FIRST PRESENTATION OF MUI	Minus		X42=		OR	X84=	X	
	THE DEPENDENT	ZOUM []	+140=		OR	+280=		
8/24/06			TOTAL		OR A	TOTAL	9	
(Column 1)	(Column	1 2) (Column 3)	, Don CE			DD4,7 CC		
CLAIMS REMAINING AFTER AMENDMENT Total Independent 7	HIGHES NUMBE PREVIOU PAID FO	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	ſ	PATE	ADDI- TIONAL FEE	111
Total • 17 N	tinus - 2	6- C	X\$ 9=		OR	X\$18=	^	', ' '
Independent • ? N	linus 👓 🔾	- B	X42=			X84=	-+-	*
FIRST PRESENTATION OF MUL	TIPLE DEPENDENT O	CLAIM		+	OR			
If the entry in column 1 is less than the	enly in column 2. write 10	f in column 3.	+140=		DR L	+280=		
"If the "Highest Humber Previously Pald	FOR IN THIS SPACE IS IS FOR IN THIS SPACE IS IS	ess than 20, enter "20."	ADDIT, FEE			TOTAL DOTT. FEE		1
The Highest Number Previously Paid F	or (Total or Independent	is the highest number to	und in the app	propriate box i	h cotur	m f.		

FORM PTO-678 (Rev. 601)

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